

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UTILITY WORKERS UNION OF AMERICA COPE

ADDRESS (number and street)

1300 L STREET NW

SUITE 1200

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00040741

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

11

08

2016

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

10

01

2016

through

M M /

D D /

Y Y Y Y Y Y

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

COLEMAN, MICHAEL, , ,

Type or Print Name of Treasurer

Signature of Treasurer

COLEMAN, MICHAEL, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

26

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 183134.51 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 238621.27 | |
| (c) Total Receipts (from Line 19) | 4785.14 | 121071.90 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 243406.41 | 304206.41 |
| 7. Total Disbursements (from Line 31)..... | 20800.00 | 81600.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 222606.41 | 222606.41 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UTILITY WORKERS UNION OF AMERICA COPE

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 9 | | 2 | 0 | 1 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... | 2239.74 | 28750.35 |
| (ii) Unitemized | 2545.40 | 91321.55 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ | 4785.14 | 120071.90 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 4785.14 | 120071.90 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 1000.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 4785.14 | 121071.90 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 4785.14 | 121071.90 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 10000.00 | 16100.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 5500.00 | 50500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 5300.00 | 15000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 20800.00 | 81600.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20800.00 | 81600.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 4785.14 | 120071.90 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4785.14 | 120071.90 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 19
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ACOSTA, GERALD, , ,

Mailing Address 407 E. SAINT JOHN ROAD

City
PHOENIXState
AZZip Code
85022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUAOccupation (for Individual)
NATINAL REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.6581

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ADAMS, GREG, S, ,

Mailing Address 2307 EMBURY PARK RD

City
DAYTONState
OHZip Code
45414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERIOccupation (for Individual)
BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.6562

Amount of Each Receipt this Period

81.81

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANDERSON, JAMES, , ,

Mailing Address 2017 WEST BOROUGH DR

City
HEBRONState
KYZip Code
41048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUAOccupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.6563

Amount of Each Receipt this Period

50.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

194.12

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 19

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROOKS, MARK, , ,

Mailing Address 521 CENTRAL AVENUE

City
NASHVILLEState
TNZip Code
37211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUAOccupation (for Individual)
NATL. REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.6583

Amount of Each Receipt this Period

68.60

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARACAPPA, NICHOLAS, J, ,

Mailing Address 486 HAWKINS RD

City
SELDENState
NYZip Code
11784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNIONOccupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.6564

Amount of Each Receipt this Period

50.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHRISTMAS, NOEL, , ,

Mailing Address 2508 PHEASANT HOLLOW DR.

City
PLAINSBOROState
NJZip Code
08536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUAOccupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

818.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : SA11AI.6565

Amount of Each Receipt this Period

81.81

☐ Memo Item

EXB MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

200.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, KELLY, , ,

Mailing Address 520 MCNEILAN ROAD

City
WEST UNION

State
OH

Zip Code
45693

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6584

Amount of Each Receipt this Period

57.17

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COSSELL, RICHARD, , ,

Mailing Address 284 MT. ETNA ROAD

City
SMITHTON

State
PA

Zip Code
15479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NATL REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6585

Amount of Each Receipt this Period

57.17

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, MILTON, , ,

Mailing Address 8215 8TH AVENUE

City
INGLEWOOD

State
CA

Zip Code
90305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6566

Amount of Each Receipt this Period

25.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.34

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, REGINALD, , ,

Mailing Address 348 STUYVESANT AVENUE

City
BOOKLYNState
NYZip Code
11223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUAOccupation (for Individual)
NATL. REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6586

Amount of Each Receipt this Period

31.16

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DILLON, PATRICK, , ,

Mailing Address 3534 TWIN SPRUCE DR.

City
KALAMAZOOState
MIZip Code
49004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUAOccupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6567

Amount of Each Receipt this Period

163.62

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUFFY, JOHN, , ,

Mailing Address 286 HOWARD ST.

City
WASHINGTON TOWNSHIPState
NJZip Code
07676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Utility Workers Union of AmeriOccupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1877.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6587

Amount of Each Receipt this Period

102.33

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

297.11

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARVEY, SHAWN, , ,

Mailing Address 16 GRAND AVENUE

City
LYNBROOK

State
NY

Zip Code
11563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NATL. REPR.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6588

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GENNETT, JAMES, , ,

Mailing Address 319 DIANA COURT

City
BENSONVILLE

State
IL

Zip Code
60106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NATL. REPR.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6589

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, JAMES, , ,

Mailing Address 3539 ARMOUR

City
PORT HURON

State
MI

Zip Code
48060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
NATL. REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6590

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

186.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, KEITH, , ,

Mailing Address 3827 ARENDELL AVENUE

City
PHILADELPHIA

State
PA

Zip Code
19114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period

50.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOUSER, ROBERT, , ,

Mailing Address 42 RAVENWOOD BLVD

City
BARNEGAT

State
NJ

Zip Code
08005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NATL. REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6591

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HURLEY, DANIEL, , ,

Mailing Address 101 ARBUTUS AVENUE

City
BRAINTREE

State
MA

Zip Code
02184

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
NATL. REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6592

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

174.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLEY, LAWRENCE, , ,

Mailing Address 270 MANSFIELD RD

City
WASHINGTON

State
PA

Zip Code
15301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NATL. REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period

41.67

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LABELLE, LEONIDAS, , ,

Mailing Address 1977 YALE AVENUE

City
WILLIAMSPORT

State
PA

Zip Code
17701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Utility Workers Union of Ameri

Occupation (for Individual)
National Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6594

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, JAMES, , ,

Mailing Address 2120 LONDERGRAN STREET

City
PITTSBURGH

State
PA

Zip Code
15216

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NAT. REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6595

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

166.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAHONEY, ROBERT, , ,

Mailing Address 217 PONDEROSA AVENUE

City
HANOVER

State
MA

Zip Code
02339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
NATL. REP.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.89

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2016

Transaction ID : SA11AI.6596

Amount of Each Receipt this Period

62.31

☐ Memo Item

PAYROLL DEDUCTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEZNARICH, FRANK, , , Sr.

Mailing Address 4710 E. PLEASANT VALLEY RD

City
INDEPENDENCE

State
OH

Zip Code
44131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1092.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6569

Amount of Each Receipt this Period

109.20

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PASSARELLI, RICHARD, , ,

Mailing Address 2347 WOODVIEW LANE

City
NAPERVILLE

State
IL

Zip Code
60565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6570

Amount of Each Receipt this Period

81.81

☐ Memo Item

EXB MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEDAGNA, ANTHONY, , ,

Mailing Address 66 DIVISION AVENUE

City
MASSAPEQUA

State
NY

Zip Code
11758

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period

75.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHILLITTO, JAMES, , ,

Mailing Address 67 EDMORE LANE N

City
W ISLIP

State
NY

Zip Code
11795

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6573

Amount of Each Receipt this Period

81.81

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMON, BETH, , ,

Mailing Address 2057 S. OXFORD AVENUE

City
LOS ANGELES

State
CA

Zip Code
90018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
GRANT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1086.23

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6598

Amount of Each Receipt this Period

57.17

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

213.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLEVIN, JAMES, , ,

Mailing Address 53 BLACKBERRY WAY

City
HOPEWELL JCT.

State
NY

Zip Code
12533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UWUA

Occupation (for Individual)
EXB MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6574

Amount of Each Receipt this Period

81.81

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, MICHAEL, P, ,

Mailing Address 8603 ODOWLING

City
ONSTED

State
MI

Zip Code
49265

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6575

Amount of Each Receipt this Period

100.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAHL, ROBERT, K, ,

Mailing Address 7415 DITMAS BLVD.

City
E. ELMHURST

State
NY

Zip Code
11370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6576

Amount of Each Receipt this Period

50.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

231.81

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWENGLISH, JOSEPH, , ,

Mailing Address 3300 PREBLE AVE.

City
PITTSBURGH

State
PA

Zip Code
15233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERC

Occupation (for Individual)
EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6577

Amount of Each Receipt this Period

81.81

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VELLA, LISA, M, ,

Mailing Address 147-06 17TH AVENUE

City
WHITESTONE

State
NY

Zip Code
11357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION OF AMERI

Occupation (for Individual)
BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period

25.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, CRAIG, , ,

Mailing Address 2111 EDWIN PLACE

City
LANSING

State
MI

Zip Code
48911

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTILITY WORKERS UNION

Occupation (for Individual)
EXECUTIVE BOARD MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.6580

Amount of Each Receipt this Period

75.00

☐ Memo Item

EXB MEMBERS CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

181.81

2239.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

| | | | | |
|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)

A. OHIO SENATE DEMOCRATS

Mailing Address 340 E. FULTON ST.

City
COLUMBUSState
OHZip Code
43215Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

FEC Identification Number

C**Transaction ID : SB22.6599**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)

A. APPLEGATE FOR CONGRESS

Mailing Address 977A LOMAS SANTA FE DRIVE

City
SOLANA BEACHState
CAZip Code
92075Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 2 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C C00581595**Transaction ID : SB23.6602**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JASON LANDER FOR US SENATE

Mailing Address PO BOX 548

City
COLUMBIAState
MOZip Code
65205Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 6 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB23.6604**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

5500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 19

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UTILITY WORKERS UNION OF AMERICA COPE

Full Name (Last, First, Middle Initial)

A. CHRIS KOSTER FOR GOVERNOR

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

Mailing Address PO BOX 440173

City
ST LOUISState
MOZip Code
63144Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.6606

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOU GENTILE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

Mailing Address 500 LURAY DRIVE

City
WINTERSVILLEState
OHZip Code
43953Purpose of Disbursement
CONTRIBUTIONS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.6609

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5500.00

TOTAL This Period (last page this line number only)..... ►

5500.00